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Date: November 29, 2004

FACSIMILE COVER LETTER

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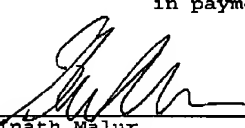
To: Examiner C. Hewitt, II  
Group Art Unit 3621, USPTO

From: Mr. Shrinath Malur  
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 09/857,043  
Attorney Docket No.: TMI-103

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter;  
AMENDMENT;PETITION FOR EXTENSION OF TIME; and  
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Shrinath Malur  
Reg. No. 34,663November 29, 2004  
Date

Total Number of Pages (including cover sheet): 12

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FORM PTO-1083

PATENT

Case Docket No. TMI-103

In RE application of T. DOKI

Serial No.: 09/857,043

Group Art Unit: 3621

Filed: May 31, 2001

Examiner: C. Hewitt, II

For: SERVICE UTILIZATION ID NUMBER SETTLEMENT SYSTEM

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Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 2	Minus **	20	=	0
Indep.	* 2	Minus ***	5	=	0

☐ First Presentation of Multiple Dependent Claims

## SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

## OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.

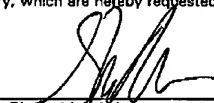
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: November 29, 2004